Effectiveness of a Progress Note on Quality Care Indicators in a Get With the Guidelines Hospital

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Effectiveness of a Progress Note on Quality of Care Indicators in a Get with the Guidelines Hospital

By Michael Rossi MD, Zubina Mawji MD, Patricia Parker RN, BSN, BC, Katrina Fritz RN, BSN, Tamara Maslado MS, Sherrine Eid MS, Thomas Wasser PhD

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INTRODUCTION:
Lehigh Valley Hospital and Health Network (LVHN) admits and treats over 1,400 CHF patients and 1,200 AMI patients each year, and these numbers continue to grow. Although LVHN has always done well managing the treatment of patients with these diagnoses, we are attempting to staff the hospitals' evidence-based secondary prevention JCACHO and AMI guidelines on the basis of our performance on the treatment and outcomes of patients treated for the diagnoses of CHF and AMI.

OBJECTIVES:
- To develop a set of process and outcome indicators that will allow a measure of clinical outcome (the right intervention, by the right staff at the right time and the right place) and the capacity for ongoing quality improvement processes.
- To improve our clinical outcomes for AMI and CHF patients.
- To utilize American Heart Association (AHA) Get with the Guidelines. Get With the Guidelines (GWTG) was developed and piloted by the AHA to reduce the gap in the published secondary prevention guidelines in Hospitalized cardiovascular disease patients. The Cardiac Care Process Measure (CCPM) was developed using quality measures derived from the AHA / American College of Cardiology secondary prevention guidelines.
- To improve multidisciplinary communication and help to educate attending medical staff, residents, nurses and patients on the value of practice guidelines for AMI and CHF.
- To improve performance on JCACHO Core Measures for AMI and CHF, and to ensure compliance with public reporting.

METHODS:
Two cardiac Quality Nurses were hired to intervene on patients who do not meet the evidence-based secondary prevention guidelines for AMI and CHF. Quality of care indicators were: Aspirin given in the first 24 hours of admission, ordered for discharge, Beta Blocker (BB) given in the first 24 hours of admission, ordered for discharge, ACE-I/ARB given in the first 24 hours of admission, ordered for discharge, CCM Progress Note developed to ensure that there is a consistent place in the chart for physicians to document cardiac Quality Nurses utilize a database report that pulls laboratory and medication data to identify patients that may not meet the core Measures reported to JCACHO. Patient charts are then reviewed and the Cardiac Quality Nurses communicate with physicians and nurses to ensure that the CCM Progress Note has been updated. Appropriate documentation of why the patient did not receive a certain medication or treatment is the key to showing the Cardiac Quality Nurses the quality of care given at LVHN. Because of this fact, the Cardiac Quality Nurses reinforce the use of the CCM Progress Note to physicians and nurses during the patient's stay. This study compares those patients who had a CCM Progress Note against those who did not. While the Get with the Guidelines program at LVHN continues to grow, this abstract presents the first six weeks of outcome data from this study.

RESULTS:
Results indicated that the CCM Progress Note implemented as an intervention was effective in several key areas:
- Administration of beta blockers within 24 hours of admission increased by 12.3% (p=0.041), and at discharge increased by 9.6% but is not yet significant practitioners who advocate this approach.
- Discharge instructions, and home advisors given to patients increased by more than 95% (p=0.001).

Other indicators indicating positive findings which were not yet significant were:
- Administration of beta blockers within 24 hours of admission increased by 7.6% (p=0.017).
- Administration of aspirin at discharge increased by 2.6% (p=0.019).
- ACE-I/ARB orders increased by 8.6% for AMI patients and 16.6% for CHF patients smoking cessation counseling increased by 3.3% in AMI patients and 3.5% in CHF patients.

DISCUSSION:
- Intervention methodology suggests that process indicators and outcomes be monitored early and often within program implementation to ensure proper adherence.
- Using Information Services (IS) to develop a system to identify those by evidence-based medication showed nurses to intervene on patients in "real time" in order to have an effect on patient care during their hospital stay.
- Efforts consistently concentrated with one unit, one champion or one physician practice, showed more improvement with the JCACHO Core Measures and staff compliance.
- Constant reinforcement and education on the Core Measures and use of the CCM Progress Note are necessary for this cardiac quality initiative to be the most effective.
- Initially, not all physicians were using the CCM Progress Note, often because it was not on the patient's chart. Although the number of physicians utilizing the CCM Progress Note continues to improve, the ultimate goal is for 100% of patients to have a completed CCM Progress Note at the conclusion of their stay.
- The GWTG process and use of the CCM Progress Note has increased the quality of care for CHF and AMI patients. This study focuses on only the first six weeks of the year long program, but results are already promising.

NEXT STEPS:
- One barrier has been physician and staff compliance and attitudes concerning the initiative and their role in making it a success. Constant found to improve the reception of the project. Cardiac Quality nurses must be allowed to approach physicians and inform them about project. Revisions in the CCM Progress Note have been requested by both the Cardiac Care Improvement Network and Lehigh Valley Health Network clinical staff, which have resulted in the improved tool presented here.
- Results for patients have been consistently higher than those for difficulty with the diagnosis of CHF, IDH, and identification of all CHF patients that need intervention continues to be an issue. Future initiatives may also be necessary to address the different nature of this patient population.
- Improved follow-up involving nurses would improve the chances of the initial diagnosis of CHF, patient compliance, and multiple hospital sites.
- This quality improvement initiative is proving to be an effective implementation of the JCACHO Core Measures for AMI and CHF, it is likely that this model could be replicated at other institutions.

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<th>Indicator</th>
<th>Patients With CCM Progress Note Adequately Responded</th>
<th>percentage</th>
<th>Patients Without CCM Progress Note Adequately Responded</th>
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<td>AMI patients</td>
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Percentage CHF Patients with JCACHO Core Measures Adequately Responded

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Percentage AMI Patients with JCACHO Core Measures Adequately Responded